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SERIAL NO. FILING DATE **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET** APPLICANT(S) (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED 1st AMENDMENT 2nd AMENDMENT IND. DEP. IND. IND. DEP. DEP IND. DEP. IND. DEP. <u>---</u>--TOTAL TOTAL IND. TOTAL DEP. TOTAL DEP. 11年

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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